Subject: Request for Research, Independent Exposure Assessment, and Public Health Surveillance Concerning Electromagnetic Radiation and Reported Health Effects

Docket Number: HHS-OASH-2026-0397

To the U.S. Department of Health and Human Services:

My name is Linda K. Gibson. I am submitting this public comment in response to the Department's Request for Information concerning electromagnetic fields (EMFs), radiofrequency (RF) radiation, wireless radiation exposure, and potential health effects.

I am an individual reporting prolonged suffering and health concerns beginning in 2021. I am requesting greater attention to the experiences of people who report unexplained symptoms and believe electromagnetic exposure may be a contributing factor.

I recognize that individual experiences alone cannot establish the source or cause of a medical condition. However, I believe people experiencing unexplained health problems should have access to appropriate medical evaluations, reliable exposure assessments and objective scientific investigations.

I respectfully request that HHS consider the following recommendations:

1. Independent electromagnetic exposure assessments

HHS should direct the Office of the Assistant Secretary for Health (OASH), in coordination with the National Institute of Environmental Health Sciences (NIEHS), the Centers for Disease Control and Prevention (CDC), and the National Institute of Standards and Technology (NIST), to develop a standardized protocol for independent EMF and RF exposure assessments. Within 12 months, these offices should publish minimum equipment, calibration, sampling, reporting and quality-control requirements; identify qualified public, academic and private laboratories; and establish a pilot program in several regions. Reports should describe frequency, intensity, duration, measurement uncertainty, equipment limitations, and relevant sources without implying that a measurement proves causation. HHS should evaluate the pilot by the number of completed assessments, adherence to the protocol, turnaround time, participant satisfaction, and inter-laboratory agreement.

2. Research into potential health effects

HHS should ask NIEHS, the National Institutes of Health (NIH), and the Agency for Healthcare Research and Quality (AHRQ) to issue competitive funding announcements for independent, preregistered studies of potential health effects associated with RF radiation, EMFs, and other relevant non-ionizing radiation. Funding announcements should require appropriate exposure characterization, validated clinical outcomes, consideration of confounding factors, transparent data-management plans, and publication of null as well as positive findings. Within 18 months, HHS should publish a research agenda identifying priority questions and an evidence-review schedule. Measurable outcomes should include the number and quality of funded studies, public

registration of protocols, timely publication of results, and periodic systematic reviews distinguishing established findings from unresolved questions.

3. Better medical evaluation and documentation

HHS should direct CDC, NIH, and AHRQ to develop and disseminate clinical guidance for healthcare professionals who evaluate patients reporting symptoms they associate with electromagnetic exposure. The guidance should emphasize a comprehensive history, differential diagnosis, appropriate testing, symptom treatment, mental-health support when indicated, and respectful communication without presuming either exposure causation or fabrication. Within 12 months, HHS should convene clinicians, patients, occupational-health experts, and relevant professional organizations; publish the guidance for public comment; and incorporate it into continuing-education materials and federally supported health-information resources. HHS should measure implementation through the number of providers trained, use of the guidance in federally supported clinics, patient-reported access to appropriate evaluation, and periodic review of clinical outcomes and unintended effects.

4. Public reporting and health surveillance

HHS should direct CDC, including the Agency for Toxic Substances and Disease Registry where appropriate, to design a voluntary, privacy-protective reporting system for reported EMF or RF exposures and associated health concerns. The system should collect standardized information on symptoms, timing, location, reported sources, relevant medical and occupational factors, and available measurements, while minimizing personally identifiable information and clearly stating that reports do not establish causation. Within 18 months, CDC should publish a proposed data dictionary, privacy impact assessment, governance plan, and pilot implementation. Annual public reports should summarize participation, data completeness, geographic and demographic coverage, signal detection methods, and limitations. Success should be assessed by enrollment, completeness, privacy compliance, response time, and the number of scientifically justified research questions generated.

5. Research into exposure measurement limitations

HHS should direct NIEHS, NIH, CDC, and NIST to conduct a coordinated methods assessment of real-world exposure measurement. The assessment should examine duration, frequency, intensity, modulation and pulsed signals, near-field and far-field conditions, multiple simultaneous sources, personal versus stationary monitoring, and uncertainty in retrospective exposure estimates. Within 12 months, the agencies should publish a technical review and identify standardized protocols for laboratory, residential, occupational, and personal-monitoring studies. Within 24 months, they should complete inter-laboratory comparison studies and release validated procedures, reference datasets, and reporting templates. Outcomes should include documented measurement accuracy, reproducibility across laboratories, detection limits, and the proportion of studies adopting the recommended methods.

6. Transparent investigation of reported intentional exposure

HHS should direct OASH to publish a clear referral and evidence guide, developed with CDC, NIH, the Federal Bureau of Investigation, the Federal Communications Commission, state and local public-health authorities, and other agencies with relevant jurisdiction. The guide should explain which agency handles medical concerns, communications interference, environmental measurements, criminal allegations, and immediate safety threats; identify evidence that can be preserved lawfully; and describe what validated testing can and cannot establish. Within 12 months, HHS should publish the guide, establish an interagency referral protocol, and train designated points of contact. The process should evaluate reports objectively without presuming that an intentional attack occurred or that a reported experience is fabricated. HHS should report annually on referrals, response times, disposition categories, and compliance with privacy and due-process safeguards.

7. Accessible public information

HHS should direct OASH and CDC, with technical review by NIEHS, NIH, and relevant federal partners, to create a centralized, plain-language public information portal. The portal should explain established health risks, scientific uncertainties, appropriate medical evaluation, validated exposure-measurement methods, reporting channels, emergency contacts, and the distinction between association, exposure, and causation. Within nine months, HHS should publish draft materials for public review and make the final materials accessible in multiple languages and formats. The portal should be updated at least annually and evaluated through usability testing, accessibility audits, page-usage data, comprehension surveys, and the percentage of users who can correctly identify appropriate next steps and the limitations of exposure measurements.

I respectfully ask HHS to consider the experiences of affected individuals alongside clinical observations, validated measurements, peer-reviewed research, and other reliable evidence. HHS should designate a lead office for coordinating these activities, publish an implementation timeline, identify responsible offices and funding mechanisms, and provide periodic public progress reports.

People experiencing unexplained health problems deserve compassionate medical care, objective assessment, and transparent explanations of what is known and what remains uncertain.

Thank you for considering these recommendations as HHS evaluates future research priorities and public health policies concerning electromagnetic fields and radiofrequency radiation.

Respectfully submitted,
Linda K. Gibson

An Individual Member of the Public